


## LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 07/01/10 to 06/30/11  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): <b>Comprehensive Housing Services, Inc.</b>		
2. LCP I.D. Number (assigned by DIR): <b>2008.00578</b>	3. Date of Initial Approval: <b>12/18/08</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Gayle Bloomingdale, President</b> <b>8840 Warner Avenue, Suite 203</b> <b>Fountain Valley, CA 92708</b> <b>714-841-6610 office/ 714-841-4341 fax</b> <b>gayleb@comphouse.net</b>		
5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If <i>none</i> , please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10 <sup>th</sup> Floor, San Francisco, CA 94102.  <b>None.</b>		
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary):  <b>None.</b>		
<b>SUBMITTED BY:</b> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;">               Signature         </div> <div style="text-align: center;"> <u>Gayle Bloomingdale, President</u>              Name and Title         </div> <div style="text-align: center;"> <u>August 22, 2011</u>              Date         </div> </div>		